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Toratherapeutics® MinEbook

MY RESPONSE TO THE LUBAVITCHER REBBE'S CALL FOR KOSHER THERAPEUTIC MEDITATION

Rus Devorah (Darcy) Wallen, LCSW, ACSW

Based on a Presentation at the 11th Torah and Science Conference, at The Shul of Bal Harbour

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ABOUT THE AUTHOR

Rus Devorah (Darcy) Wallen, founder of Toratherapeutics,® is a social worker, psychotherapist, and educator who conducts workshops worldwide that improve emotional wellbeing. Her work incorporates holistic practice with techniques such as sound healing and therapeutic meditation. An alumna of the Wurzweiler School of Social Work (Yeshiva University), the University of Cincinnati College-Conservatory of Music, and Machon Alta Women's Institute (Safed, Israel), Wallen utilizes her educational background to inspire and heal. With advanced clinical training in several areas of diagnosis and treatment, she specializes in:

- **Perinatal Wellness**
- **Aging**
- **Cognitive Behavioral Therapy (CBT)**
- **Mindfulness-Based Cognitive Therapy (MBCT),**
- **Advanced Therapeutic Ethics**
- **Clinical supervision**

As co-founder and clinical supervisor of SPARKS (Serving Postpartum families with Awareness, Relief, Knowledge and Support), Wallen speaks on perinatal issues, including postpartum depression and anxiety. Her Torah-based therapeutic methods and educational materials distill concepts from Torah and Chasidic philosophy in a novel way. Wallen is most passionate about her latest endeavor of creating "kosher" healing audio recordings under rabbinical supervision.

RD@Toratherapeutics.com

ABSTRACT

In private communications as well as public addresses, Rabbi Menaħem Mendel Schneerson, the Lubavitcher Rebbe, discussed an array of holistic health issues.

At times he recommended very specific therapies or techniques that predated current medical treatments. One example is value-free therapeutic meditation to relieve stress and bring peace of mind (see Ophir 2012–2013 and Landes 2014–2015).

As an observant therapist inspired by the Rebbe's call for new therapies, I developed rabbinically approved meditations for my patients. Today, research on the benefits of meditation abounds, and medical professionals around the world use many formats of meditation to alleviate anxiety, stress, and other ailments.

However, despite their proven benefit, many of the available methods contain subtle Eastern religious elements. Lack of access to the value-free meditation methods the Rebbe recommended exposed thousands to practices violating Torah law.

INTRODUCTION

On July 8, 1979, Rabbi Menaħem Mendel Schneerson, the Lubavitcher Rebbe, spoke publicly about the dangers that Eastern cults and their forms of meditation pose for many Jews. He also spoke at length about the need for professionals to offer meditation without idolatrous trappings. This public address followed months of confidential contact with Jewish medical professionals, urging them to develop a medical form of meditation to help people calm their nerves.

The Rebbe specified that healthy people should not use meditation, in part because prolonged practice could separate the meditator from his surroundings.

The Torah recipe for mental health is to participate fully in work, family, and society.

“Retreating from the world is not a Torah ideal. People who need meditation should utilize it in appropriate doses, similar to medicine.

INTRODUCTION

The ultimate goal is not for meditation to become an integral part of a healthy person's life, but to deal with stressors that prevent us from functioning optimally."

The Rebbe also realized that many ordinarily healthy people who wanted to meditate would go to Eastern cults if not offered an alternative *(Landes 2014–1015, pp. 172–185).*

The Rebbe clarified that the form of medical meditation he advocated should not be confused with hitbonenut found in Lubavitch philosophy. Moreover, value-free therapeutic meditation should not be used as a means to introduce people to Judaism, Kabbalah, or Hasidism *(Ophir 2012–2013, p. 114).*

As an exuberant teenager I used Transcendental Meditation (TM) to help me pay attention in school. After four years, just as I was becoming observant, I found out that the supposedly meaningless mantra that had been given me at the initiation ceremony (that involved kneeling before an altar, offering fruit, flowers, and rice while looking at a picture of a guru) was not "just a sound" but the name of a Hindu goddess.

INTRODUCTION

THE TWELVE TORAH PASSAGES

https://www.chabad.org/kids/article_cdo/aid/323498/jewish/The-12-Pesukim.htm

Although I immediately stopped meditating, the repetition of the mantra for four years, twenty minutes, twice daily made it an automatic playback in my mind. That summer I went to the Bais Chana Women's Institute in Minnesota, where

I asked Rabbi Manis Friedman how to get rid of the mantra dripping in my head. Rabbi Friedman suggested that whenever the mantra came into my mind I should recite aloud one of the twelve Torah passages recommended for children. This was a successful intervention.

The Rebbe's push for the development of neutral meditation methods in 1979 overlapped with my journey to Torah-observance.

I had always been fascinated by the capacity of the mind and heart for self-healing — looking for ways to become calm and present during stressful situations.

THE REBBE'S REQUEST

The Rebbe's focus on this issue continued to resonate for me as I completed my studies in seminary and social work.

I discovered the Rebbe had advocated the therapeutic use of value-free meditation in the 1960s, when meditation was considered only for hippies or Eastern mystic types *(Dalfin 1996, pp. 179–181).* This was before the development of value-free meditation techniques by medical professionals such as Herbert Benson, Patricia Carrington, and Jon Kabat-Zinn, and before MRI and other scans could map the effect of meditation on the brain *(Wineberg 2005, pp. 183–184).*

The Rebbe had acknowledged the need to temporarily separate ourselves from stressors of financial, health, and marital problems:

There are certain aspects of psychological health and tranquility that can be attained by taking oneself out of contact with the surrounding hullabaloo and tumult of life.

MY RESPONSE...

By retreating into solitude (not necessarily leaving the city) and by withdrawing into seclusion for a period of time, one may attain psychological health and peace of mind. This manner of behavior strengthens the individual and guards his mental health *(Wineberg 2005, pp. 183–184).*

In developing my private psychotherapy practice, I accepted the Rebbe's challenge by first learning his holistic approach to health and healing.

It then became my focus and mission to distill and disseminate the Rebbe's teachings in practical therapeutic ways to as wide an audience as possible.

Many people remain ignorant about the subtle infiltration of the Eastern influence on various potentially brain-enhancing techniques. For this reason I have researched the field and consulted with rabbinic experts regarding the halakhic (Jewish legal) ramifications of meditation in order not to violate Jewish Law.

ARE THERE IDOLATROUS ELEMENTS IN WESTERN THERAPEUTIC MEDITATIVE TECHNIQUES?

In his 2012 B'Or HaTorah article on the Rebbe's call for scientific therapeutic meditation, Dr. Natan Ophir (a teacher of his own brand of Jewish Meditation, JM) asks why other Lubavitcher health professionals did not join Dr. Yehuda Landes' response to the Rebbe's call.

"Did the Rebbe precede his time or was his request unrealistic? Put simply, is kosher, scientifically verifiable, Jewish meditation a desideratum?"
(Ophir 2012–2013, p. 121)

I immediately contacted Dr. Ophir to let him know that for over a decade I had been working to fulfill the Rebbe's wish by creating kosher relaxation and meditation scripts and recordings for my clients.

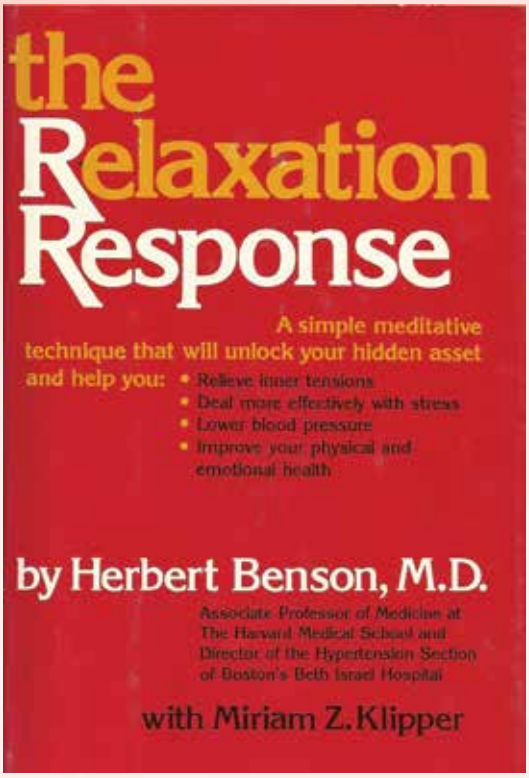
Today, almost fifty years after the Rebbe encouraged the idea, focal attention techniques such as "mindfulness meditations" are ubiquitous on the internet.

Many mental health professionals now recommend and prescribe meditations in various highly effective current therapeutic systems. Copious research indicates successful use of meditation in many areas of physical and emotional well-being *(for example, Jain, Walsh, Eisendrath, et al. 2015; Horowitz 2010; Allen 2003; see also Salzberg 2011; Benson 2000; Davidson, 2012; Chen, Berger, Manheimer, et al)*

In its early days, Transcendental Meditation (TM) made so much money from initiation fees and donations that they were able to conduct clinical trials no one else could afford.

TM was touted as helpful and beneficial, which it was (apart from its spiritual damage to monotheists); however, other therapeutic approaches outside of TM were not marketed as helpful because they didn't have the clinical trials to back them up. Because of the optimistic preliminary research by TM, the National Institutes of Health (NIH) devoted millions of dollars to research the benefits and efficacy of meditation.
www.ncbi.nlm.nih.gov/pubmed/28917372

PROFESSOR HERBERT BENSON, MD, AND THE RELAXATION RESPONSE



One of the first medical doctors making therapeutic or clinical meditation popular was Herbert Benson, a cardiologist who founded the Mind/Body Medical Institute at Massachusetts General Hospital in Boston in the early 1970s.

His book *The Relaxation Response* promotes clinical meditation as an antidote to the body's "fight, flight, or freeze" stress response.

When the stress response is activated, the limbic system is awakened, releasing stress hormones such as epinephrine, norepinephrine, and cortisol into the body. The Relaxation Response can diminish the adverse effects of this intense surge

After practicing Benson's techniques, "negative hormones," heart rate, blood pressure, and oxygen consumption go down. .

DR HERBERT BENSON'S SIMPLEST CONCEPT OF REQUIREMENTS FOR CLINICAL MEDITATION.

According to Dr. Benson, all that is required is "a quiet environment, a mental device, a passive attitude, and a comfortable position" *(Benson 2000, pp. 159–161).* Postures, chimes, bells, or other Eastern accoutrements are not necessary.

Later, Dr. Benson stripped down the requirements even further:

1. Repetition of a word, sound, phrase, prayer, or muscular activity

2. Passively disregarding everyday thoughts that inevitably come to mind and returning to the repetition

Dr. Benson's findings show that attaining the Relaxation Response releases positive hormones, improves circulation, and increases oxygen levels.

Meditation also optimizes and enhances the prefrontal cortex, the "mature" part of the brain, improving one's impulse control. It lowers activity in the amygdala to diminish worry and anxiety. It increases serotonin levels, which improves mood and enhances overall wellbeing.

All of these effects allow the mature and "thinking mind" to become more accessible. A developed left prefrontal cortex can diminish autopilot reactions, improve mature and flexible thinking, help a person move on after an upset, help with abstract problem solving, assess various alternatives, push away unwanted thoughts, and bring the person back to the present moment.

Many people say they are too busy to meditate, complaining that it is hard to integrate the practice into their lifestyles.

The brevity of Dr. Benson's recommended exercises makes them accessible to practically anyone, and they can be added slowly.

Interestingly, by working on mastering these skills people "gain time."

Instead of squandering minutes on anxious or depressing thoughts or situations, people can devote time to staying calm and present while efficiently accomplishing things. Some clients choose to do the meditation two or three times a day to feel the effects sooner.

PROFESSOR JON KABAT-ZINN AND MINDFULNESS-BASED STRESS REDUCTION (MBSR)

At the request of the NIH, Professor Jon Kabat-Zinn developed Mindfulness-Based Stress Reduction (MBSR) in the 1970s at the University of Massachusetts Medical Center. Because of the high incidence of stress-related illnesses, especially heart-related problems (such as heart attack and high blood pressure), he created an eight-week, evidence-based stress reduction course.

This highly effective program, with its focus on mindfulness practice, has helped many individuals with various diagnoses and health issues.

Participants in this program for heart patients also reaped benefits in other areas. Their family dynamics, relationships, and business lives improved, as did their emotional and psychological wellness. *(https://www.umassmemorialhealthcare.org/umass-memorial-center-mindfulness)*
Today, mindfulness practice is considered highly efficacious for many issues. Kabat-Zinn defines it thus:

"Mindfulness means paying attention in a particular way; on purpose, in the present moment, and non-judgmentally"

(https://en.wikipedia.org/wiki/Mindfulness).

PROFESSOR ZINDEL SEGAL AND MINDFULNESS-BASED COGNITIVE THERAPY (MBCT)

Subsequently, the NIH commissioned a psychotherapeutic program including meditation called mindfulness-based cognitive therapy (MBCT). They chose Dr. Zindel Segal, of the University of Toronto, and his colleagues Mark Williams and John Teasdale to develop this effective research-based program.

It was originally designed to prevent major depressive relapse. However, it has been proven to help individuals with various diagnoses, such as anxiety, attention deficit disorder, and bipolar disorder.

The program employs a cognitive behavioral approach with an emphasis on mindfulness practice, including various meditation techniques focusing on the breath, bodily sensations, eating, and walking *(Segal, Williams, and Teasdale 2002).*

PROFESSOR MARSHA LINEHAN AND DIALECTICAL BEHAVIORAL THERAPY (DBT)

Because of its efficacy, I trained in the MBCT program under Dr. Segal to augment my learning and to include elements of its system in my practice per the Rebbe's request. I also took advanced courses in dialectical behavioral therapy (DBT), developed by Professor Marsha Linehan in the late 1970s. DBT is a very detailed and sophisticated therapeutic cognitive-behavioral system.

This method was originally developed to help individuals deal with their uncontrollable emotions, which, among other things, lead to suicidal thinking, self-harm, and substance abuse.

Individuals with borderline personality disorder, traumatic brain injury, eating disorders, and various mood disorders have also been helped with this method that employs mindfulness among its various techniques.

Although MBCT and DBT are clinically-proven, highly effective, scientific methods, they nonetheless contain elements from Eastern idolatrous traditions.

HINTS OF IDOLATRY

During the courses I attended, I observed traces of Buddhist ideology and practice first-hand. Additionally, Dr. Linehan's course contains elements from other religions such as Christianity *(Linehan 2015, p. 46).* These effective methods came on the scene in the late 1970s, '80s, and '90s, and are now considered to be among the top techniques in current psychological literature and research *(Linehan 1993)*.

Unbeknownst to many Torah-observant professionals and rabbis, the majority of therapeutic recordings available online, as well as some of the therapeutic courses available, still retain rituals originating in Hindu or Buddhist tradition.

For instance, in certain settings, specific postures and removal of one's shoes are recommended. Bells, chimes, singing bowls, or tingsha cymbals at the beginning or end of the meditation function as a timer, using the same method as Buddhist monastic meditation to begin and end sessions. Since these elements do not function to enhance the therapeutic effect, they are avizrayhu d'avodah zarah (accessories or hints of idolatry).

HINTS OF IDOLATRY

The Rebbe was very explicit about the gravity of utilizing formats that contain even the slightest avizrayhu d'avodah zarah and cautioned rabbis to consult with an expert in these Jewish laws.

To avoid such issues, it is quite simple, for example, to replace problematic gongs with a pleasant-sounding alarm on a cellular phone. Alternatively, the moderator of the meditation can guide the meditator when to close his eyes at the beginning of the meditation and when to open them at the end. To end a meditation, I tell listeners, "When I count to three, you can open your eyes."

Even though Dr. Linehan includes the Sh'ma in her list of suggested contemplative prayers, I do not include it in my therapy because of the Rebbe's instruction that therapeutic meditation should not contain religion or mysticism in any form.

THE REBBE'S REQUEST

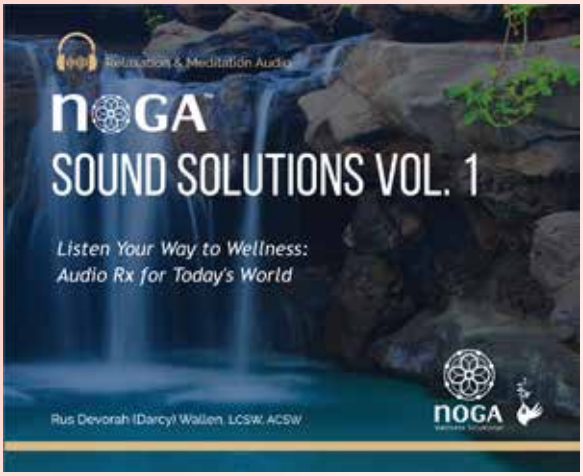
The Rebbe called for passive meditation to be used for healing, centering, calming, and quieting the mind by focusing on something non-themed and value-free.

For example, the meditator could gaze at an object such as a wall or the floor, a flame, or the clock's minute hand.

The Piacetzner Rebbe of the Warsaw Ghetto taught the hashkata (quieting of the mind) method to his young followers using the minute hand of a clock as the object of focus (Shapira 2004, pp. 101–105). The meditator could also focus on a sensation in the body, one's breath, a sound, or an aroma for a designated period of time. When the mind wanders, one keeps bringing the attention back to the object of focus

The Rebbe emphasized that meditation can be beneficial or destructive. It can make a healthy person unhealthy, depending on the length of time it is performed, the type of meditation performed, or the specific health needs of the individual. In his public address on the subject.

MY RESPONSE...



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https://toratherapeutics.com/product/noga-sound-solutions-volume-1

The Rebbe said that therapeutic meditation needs to be given in a specific dose, just as a doctor would prescribe medication.

Similarly the Rebbe advises, meditation needs to be titrated — lengthened or shortened — as per the needs of the individual.

Too much or too little could be problematic.

In contrast, the TM program requires each participant to meditate for twenty minutes, twice daily. For many people this time commitment may be too much. Additionally, this "dosage" does not cater to the specific health and emotional needs of the person.

After my research into therapeutic meditation and consultation with rabbis expert in the subject, I created two exercises that I share towards the beginning of work with my clients.

FREE - Introduction to the Beginner's Meditation on the Breath™
https://toratherapeutics.com/product/beginners-meditation-on-the-breath

7-Minute Stretch Meditation™
https://toratherapeutics.com/product/7-minute-stretch-meditation

The first exercise is to focus and calm down the mind, and the second is a slow breathing method to relax the body. Most individuals who are diligent in practicing these two exercises daily feel a positive effect within a week or two, which motivates them to practice regularly.

I start my clients with a fully-guided, six-minute "Beginner's Meditation on the Breath.™"

If a person has a hard time with six minutes, we begin with one to three minutes and work up to it.

The next "titration" is "The Seven-Minute Stretch™" with minimal verbal guidance.

In the past decade or more of using these types of recordings, I have never needed to prescribe a daily twenty-minute meditation. Most of my clients, even if they have severe anxiety, depression, perinatal diagnoses, relationship issues, addictions, involuntary tics, and other clinical issues, benefit from this simple therapeutic method at various lengths and frequencies, depending on the severity of their symptoms.

FREE - Instructions for Breathing Techniques (which includes the Breathing Contest™)

https://toratherapeutics.com/product/instructions-for-breathing-techniques

Some clients choose to do "The Beginner's Meditation on the Breath™" more than once a day.

The second technique is my "Breathing Contest™" to calm down the body.

This quick exercise can be done any time of the day, as long as one is not eating, drinking, or speaking. The basic premise is to slow the breathing down, to expand the breath capacity little by little, and to exhale more than one inhales. This brings more oxygen into the body and brain, and expels more CO2 — waste — allowing more room for oxygen to enter on the next inhale.

These two different exercises are synergistic. The first one is a focal attention meditation that enhances the pre-frontal cortex and diminishes activity in the amygdala. This helps a person gather him or herself and come to the present moment, calming down strong emotions. Anxious people are often worried about the future, and depressed people are often bemoaning the past. So, if we can get into the present moment, even if it is a challenging one, we have all of our mental faculties available to use.

APPLICATION IN MY PRACTICE

This meditation is essentially an exercise for the mind.

The long and deep exhalations of the second exercise help the body calm down to "rest and digest" — the same Relaxation Response that Dr. Benson discovered. This skill can be practiced with more "advanced" instructions as well.

In my role as co-founder of SPARKS (Serving Postpartum Women with Awareness, Relief, Knowledge and Support) over the past decade or more, I have developed a specialty in working with the perinatal population. Unfortunately many women think they are going crazy when they experience a postpartum episode. Fortunately once they find out that it is a temporary hormonal disturbance, they are relieved to learn that it can be alleviated with help.

If treated early, a postpartum woman can avoid being on medication as well as suffering lengthy periods of emotional turmoil for herself and for her family.

APPLICATION IN MY PRACTICE

Most of my clients do not like being on medications due to side effects and long-term reactions. However, if a person is a candidate for meditation, it can obviate the use of medication and other more invasive treatments.

In the past decade or so, I have had clients with various postpartum diagnoses from depression to anxiety, bipolar to post traumatic stress disorder, and postpartum psychosis.

Certain techniques such as meditation and hypnosis are contraindicated for those who have psychotic disorders, so we start with Cognitive Behavioral Therapy and relaxation techniques. Since the postpartum psychosis can be short-term (whereas most psychotic disorders are chronic), in time, these patients can also utilize the meditations.

In some of these situations, it is necessary to work with the "postpartum husband," who often needs information and support, as well as his own meditation regimen to stay calm despite the turbulent situation he is facing.

APPLICATION IN MY PRACTICE

These skills have proven to be helpful with clients who are experiencing various situational challenges. For example, individuals who are fearful of committing to relationships and are therefore held back from becoming engaged or married have benefited greatly from daily practice of these exercises. Another example is the individual who is easily distracted from important tasks requiring concentration.

As one client remarked: “My intention in davening (prayer) is better. My ability to focus on my learning is improved. I don’t yell at my children as much and I’m more patient with my wife.”

It is gratifying to see the transformation when people begin to integrate meditation into their lives.

Rabbis who are overwhelmed by their need to fundraise or suffer from social anxiety, making it hard for them to make cold calls or teach publicly, have also reaped the rewards of these exercises. Additionally, meditation diminishes stuttering and symptoms of tic disorders such as Tourette. Even people struggling with addiction are practicing meditation effectively.

APPLICATION IN MY PRACTICE

A recovering alcoholic commented, "I take a dose of 'meditation medication' every morning. I have been recommending it to fellow alcoholics at meetings because I know it makes sober living a lot more pleasant."

Since the Rebbe said it is a holy obligation to save countless lives by disseminating a kosher, parve meditation, I hope readers will embrace the various approaches described here.

Performed daily, these meditations can benefit anyone who practices diligently. Anyone can use these gifts to stay balanced and grounded in our highly stressful, digitally distracting world.

As the Rebbe states at the end of his talk: If publicized adequately, this campaign will meet with immediate success, saving so many who stand at a crossroads and who do not mean to live in opposition to Judaism. When these individuals will be offered the opportunity to choose between a permitted and forbidden manner of treatment, they will invariably choose the former *(Wineberg 2005, p. 188).*

DEDICATION

This article is dedicated to the mathematician and Torah scholar, Tzvi Yehuda Saks, PhD, a dear friend and mentor who was involved with the Miami International Torah and Science Conferences from the beginning and a major contributor to B'Or Ha'Torah. Tzvi introduced me to the convergence of Torah and science.

I would like to thank Rabbi Yisroel Heschel Greenberg of Buffalo, New York, for his ongoing rabbinic support and Torah guidance, and Rabbi Yehoram Ulman, Av Bais Din, Sydney, Australia, who gave his rabbinic supervision to NOGA Sound Solutions®, volume 1.

REFERENCES

Allen, Colin. 2003. "The Benefits of Meditation." Psychology Today, 1 Apr. https://www.psychologytoday.com/articles/200304/the-benefits-meditation

Benson, Herbert. 2000. The Relaxation Response. Rev. ed. New York: Harper Collins (originally published 1975).

Chen, K.W., C.C. Berger, E. Manheimer, et al. 2012. "Meditative Therapies for Reducing Anxiety: A Systematic Review and Meta-analysis of Randomized Controlled Trials." Depress Anxiety. Jul., vol. 29, no. 7, pp. 545–562. doi: 10.1002/da.21964. Epub 2012 Jun 14.

Dalfin, Chaim. 1996. Conversations with the Rebbe: Rabbi Menachem Mendel Schneerson. Los Angeles: JEC.

Davidson, Richard J., and Sharon Begley. 2012. The Emotional Life of Your Brain. New York: Penguin.

Horowitz, Sala. 2010. "Health Benefits of Meditation: What the Newest Research Shows." Alternative and Complementary Therapies. Aug., vol. 16, no. 4, pp. 223–228. https://doi.org/10.1089/act.2010.16402

Jain, F.A., R.N. Walsh, S.J. Eisendrath, et al. 2015. "Critical Analysis of the Efficacy of Meditation Therapies for Acute and Subacute Phase Treatment of Depressive Disorders: A Systematic Review." Psychosomatics. Mar.- Apr., vol. 56, no. 2, pp. 140–152. doi: 10.1016/j.psym.2014.10.007. Epub 2014 Oct 22. http://www.ncbi.nlm.nih.gov/pubmed/25591492

Landes, Yehoshua P. 2014–2015. "The Inside Story of the Founding of Jewish Meditation." B'Or Ha'Torah, vol. 23, pp. 171–188.

Linehan, M.M. 1993. Dialectical Behavior Therapy for Treatment of Borderline Personality Disorder: Implications for the Treatment of Substance Abuse. NIH, NIDA Research Monograph, vol. 137, pp. 201–216.

Linehan, M.M. 2015. DBT Skills Training Handouts and Worksheets. 2nd ed. New York, London: Guilford Press.

Ophir (Offenbacher), Natan. 2012–2013. "The Lubavitcher Rebbe's Call for a Scientific Non-Hasidic Meditation." B'Or Ha'Torah, vol. 22, pp. 109–123.

Salzberg, Sharon. 2011. Real Happiness: The Power of Meditation. New York: Workman.

Segal, Z., J.M. Williams, and J. Teasdale. 2002. Mindfulness-Based Cognitive Therapy for Depression. New York: Guilford Press.

Shapira, Rabbi Kalonymus Kalman. 2004. Translated and with an introduction by Andrea Cohen-Kiener. Conscious Community: A Guide to Inner Work, Oxford, UK: Rowman & Littlefield.

Wineberg, Sholom B., trans. 2005. Healthy in Body, Mind and Spirit, vol. 3, Mental Health. New York: Sichos in English.
http://www.chabad.org/therebbe/letters/default_cdo/aid/2308548/jewish/Chapter-IX-Healing-Through-Meditation-and-Relaxation-Techniques.htm.

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